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ABSTRACT

This document describes a process through which Family Life/Human Sexuality (FL/HS) Education can be included in a comprehensive health education program for K-12 students. This guide is designed to assist local school districts in the development of a program to address family life and human sexuality through a series of program planning activities that address the specific needs of the school district, its students, and parents. The materials, developed by the Adolescent Pregnancy Pilot Project (APPP) conducted by the New York State Education Department from January 1979 until June 1981, examine those methods which worked and those which did not work in the APPP school districts. A discussion of administrative participation is followed by a description of a step-by-step developmental approach to planning, developing, and implementing a FL/HS Education program. A section on program evaluations considers the use of process, impact, and outcome evaluations. Support services are discussed and state education department, field, and other resources available to local school districts are also listed. (Author/NRB)

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FAMILY LIFE/HUMAN SEXUALITY EDUCATION

A PROGRAM PLANNING GUIDE

FOR

SCHOOL DISTRICT

ADMINISTRATORS

U.S. DEPARTMENT OF EDUCATION
NATIONAL INSTITUTE OF EDUCATION
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Foreword

The inclusion of Family Life/Human Sexuality (FL/HS) Education in the school curriculum is a decision that resides with community members and their local school boards. Neither New York State Education Law nor the Regulations of the New York State Commissioner of Education contains a specific mandate for instruction in FL/HS Education. However, according to the Commissioner's Regulations 135.3, "It is the duty of trustees and boards of education to provide a satisfactory program in health education in accordance with the needs of students in all grades." The Commissioner's Regulations 135.1 define health education as instruction in understanding attitudes and behavior in regard to several dimensions of health. One of these dimensions may be FL/HS Education.

This document describes one process through which FL/HS Education can be included in a comprehensive health education program for students.

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Introduction

> "Basic issues of self-worth and emotional need continually supersede logic and good intentions at any age. When this human reality is coupled with zero experiences in decision-making, peer pressure about proving one's maturity and the belief in the invulnerability of youth, we have a complex problem which can be affected only slightly by mere information giving."[1]

Family Life/Human Sexuality (FL/HS) Education is a part of the school's comprehensive educational program that provides students and their parents with factual information and learning experiences and promotes their skill development.

FL/HS Education deals with complex problems that have a physical, mental, social, and emotional impact on the family.* Some of these problems include: teenage pregnancy; abortion; child abuse and neglect; high rate of divorce for early marriages; increasing school dropout rates for pregnant adolescent girls, prospective fathers, and student parents; and a high maternal mortality rate for girls under age 15.

Programs designed to help alleviate these problems should be comprehensive to meet the needs of all students. A comprehensive response should include the following components:

1. K-12 Family Life/Human Sexuality Education: helping students, parents, educators, and the community to acquire knowledge and decision-making skills related to the physical, social, and emotional aspects of family life and human sexuality.

2. Family Life/Human Sexuality Education For Parents: preparing adults, school-age parents, and expectant parents to teach their children family life and human sexuality.

3. Parenting Education: providing parents and prospective parents with the knowledge and skills to help them in meeting the physical, emotional, and developmental needs of their children and to improve parent-child communication.

All schools are expected to provide adequate educational programs to help those students with special problems to complete their high school education. Additionally, the school has the responsibility of developing a case management system. This procedure for identifying and handling problems links students and parents with community resources. The procedure includes:

- o identifying individuals responsible for the operation of the system
- o identifying appropriate staff and resources available for assistance
- o establishing referral and follow through procedures

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[1] "Report to the Teenage Pregnancy Task Force by the New York State Department of Social Services." Albany, New York. October 16, 1980.

*The family has many configurations in today's society. For this reason, the definition of family is left to the discretion of individual school districts.

The purpose of this document is to assist local school districts in the development of a program to address family life, human sexuality, and the complex problems that surround it. It describes a process which individual school districts can employ to initiate step-by-step activities leading to a sound program that addresses the specific needs of the school district, its students, and parents. The process described herein resulted from the Adolescent Pregnancy Pilot Project, a pilot program conducted by the New York State Education Department from January 1, 1979 to June 30, 1981. This document reflects which methods worked and which methods did not work in the school districts involved in that project. It substantiates the philosophy that by working together, students, parents, school staff, and community agencies can develop an effective family life/human sexuality educational program that will help prepare children for adulthood and family responsibilities.

The development and full implementation of a family life/human sexuality program in grades K-12 will take time. Building a strong, supportive foundation is essential. The key to success is a well-informed constituency that is actively involved in the development of the program.

FL/HS Education is a highly charged, emotional topic dealing with personal, political, religious, cultural, and moral/ethical issues. It can be threatening to those who do not really understand what it is. Parents may feel that their role and the security of their family and its values are in danger if a school has a FL/HS program. Fear of the unknown, lack of information, misunderstanding, and personal biases within the school or the community, may result in negative attitudes toward dealing with this topic. Initial and continuous communication on all aspects of the program is of the utmost importance. Failure to allow participation by all those who have special interest, whether supportive or adverse, and/or neglecting to keep everyone fully informed will result in obliterating progam efforts.

One should beware of other factors that will hinder progression and/or result in the destruction of a program:

- failure to adequately and appropriately publicize all program activities
- neglecting to have representation from the beginning from both supportive and opposing interests in the community
- lacking support from administration, school board, staff, parents and/or community
- basing a program on perceived rather than actual needs
- setting unrealistic goals, objectives, and timelines
- lacking understanding of roles and responsibilities on the part of all concerned
- lacking a program coordinator to assume program responsibilities
- professional conflict/turfdom
- changes in personnel
- teacher contract negotiations
- fiscal problems
- militant special interest groups.

1. Administrative Participation

The support and commitment of the school administration is crucial for a FL/HS Education program to succeed.

Before attempting to initiate involvement, an administrator should consider the following:

1. Is there interest in the district to develop a program? Can you document the interest?

2. What specific problems currently exist in the district?

3. Is there an increase in the number of pupils who drop out for problems related to pregnancy and/or child care? Is there an increase in the number of pregnancies, single parent families, and cases of child abuse and neglect, especially sexual abuse?

4. Are parents expressing their concerns about the possible sexual activity of their children?

5. Are there related community health and social services available and accessible for students and parents?

6. Are there school resources (manpower, materials, money) available to help you in addressing the problem(s)?

7. Is your community ready and willing to address the problem(s)? If you are not sure, can you at least identify some individuals who could help you in eliciting support?

8. Are the school board members, administrators, teachers, and other school staff interested in such a program? If not, can you stimulate their interest?

9. How many staff members have been trained, or would be willing to be trained to provide FL/HS Education programs?

10. Are students interested and/or concerned? How many? What age/grade levels are represented in the interest group?

11. Are there community agencies or organizations which have expressed interest, concern, and willingness to work cooperatively with district staff? Is your district and staff willing to collaborate with them?

12. Will students, parents, and teachers be able to work together on the program and problems?

13. Will the school board support the program?

14. Is the district willing and able to take the time needed to plan, to resolve conflicts, and to build a solid foundation?

The answers to these initial questions should provide enough information for the administrator to determine whether a school district and community are ready to become involved in a program. Problem areas and issues which need to be dealt with to improve the readiness of school and community should be identified. Administrators must:

- o select the appropriate staff to become involved
- o assist in the formation of an advisory council
- o support staff in dealing with parents and members of the community
- o provide leadership and support staff training needs
- o monitor the program to be sure that it is proceeding as planned
- o keep up to date on all facets of the program
- o anticipate and develop an action plan with the advisory council to handle constructive and destructive events.

An administrator who participated in the pilot project suggested the following model approach:

"1. Look at the needs of the districts, the concerns and forces involved.

2. Assess support or lack of it. Organize a peer support group from parents, the religious community, and the school board.

3. Develop a mental plan of action. Identify key people and their roles. Make judgements about the pace of a program and make a commitment to support the effort.

4. Make a commitment to take time and progress slowly. Accept setbacks.

5. When appropriate, step back and let the community go, serving them as a person.

6. Keep people informed! Do not go undercover, be open!"[2]

Successful programs require administrators who have strong leadership skills and play an active role in the development of the program.

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[2]Superintendent of Schools. Cambridge Central School, Cambridge, New York.

II. Developmental Approach

This section will describe a step-by-step approach to planning, developing, and implementing a FL/HS Education program. The experience of the pilot program has shown that following the steps described will increase the likelihood of the program's success. Such factors as school district protocol and organizational patterns and lack of community readiness may require that the sequence of steps be rearranged.

A. Formation of School Steering Committee

An in-house steering committee should be designated for the purpose of facilitating communication among school personnel about the FL/HS Education program. The members of the committee will serve as liaisons to the constituents they represent. In addition, they will identify staff resource persons for the program; i.e., those with interest or expertise in the subject matter and/or ability to establish rapport with students, parents, and community groups.

Candidates for the steering committee should include, but not be limited to, representation from the following groups:

- o school nurse-teachers/school nurses
- o health coordinators/teachers
- o home economics teachers
- o pupil personnel services staff
- o school building administration
- o physical education, social studies, science, special education, and elementary school teachers.

People on the committee should represent grades K-12. For active participation, the size of the group should be manageable. At least one member of the steering committee should serve on the advisory council.

B. Identification of a School Program Coordinator

A staff person should be designated as a school program coordinator to oversee planning, development, implementation, and evaluation. The roles and responsibilities of the coordinator should be made explicit by the administration.

The school program coordinator should:

- o have a genuine interest in and commitment to the program
- o be able to establish rapport with students, parents, and staff
- o have excellent communication skills
- o have knowledge of and experience in health, family life/human sexuality education, and teacher training
- o know how to access and utilize resources available and how to establish linkages with the community
- o possess administrative and facilitative skills
- o be aware of the sensitivity of this type of program and the emotional climate essential for its success.

C. Designation of an Advisory Council

A broad-based advisory council that includes parent and student representation must be designated to provide overall program guidance. The role of each advisory council member is one of active participation.

The functions for the advisory council may include but not be limited to:

- o helping to gather information about local needs and resources
- o participating in the analysis of these needs and resources
- o helping to determine program direction
- o providing a forum for school-age parent concerns
- o facilitating linkages between school and community resources
- o acting as an advocate for the program and its participants
- o assisting in program evaluation
- o facilitating communication with representative constituencies
- o developing an action plan with the school administrator to handle positive and negative happenings.

The reality of achieving community backing is selecting membership that can provide influence and support. The advisory council should be balanced in representation of the community's:

- o geographic areas
- o economic, social, ethnic, and religious groups
- o philosophies
- o constituencies
- o power bases.

Advisory council members should include:

- o parents - of elementary, junior, and senior high school students as well as student parents
- o students - male and female
- o teachers - representing each level (elementary, junior, and senior high school), male and female
- o steering committee representative
- o community "gate-keepers" - people who are influential in the community
- o religious community representative(s) - clergy, other religious leaders
- o community organization representatives - people representing both supportive and opposing interests in community organizations.

To ensure effective functioning, the advisory council needs to be of manageable size. This may result in the need to have one person represent more than one constituency. Advisory groups in the pilot program averaged 20 members.

D. Information Gathering

The next logical step in the development of a program is the gathering of information for the purpose of identifying needs and resources.

Advisory council members, school program coordinators, steering committee members, and students will participate in the collection of data. The data will be obtained from pupil personnel services, school health personnel, county social services and health departments, hospitals, clinics, school maintenance staff, community organizations, and students.

School districts should realize that this particular step may take some time. The time, however, is well spent because this activity helps to build a strong foundation for the program, clearly identifies existing problems, and raises the level of awareness and knowledge of the program developers allowing them to respond more effectively to the community.

1. Needs Assessment

A needs assessment will clearly identify actual rather than perceived needs. School districts may choose to use the needs assessment instrument developed during the pilot program as a guide for collecting data pertinent to needs. (See page 13.) Other instruments could be identified and used as well. This instrument will help to collect both hard and soft data.

Hard Data are facts and figures stated in the form of numbers.
Soft Data are information based on observations, speculation, and estimates.

Information to be gathered will include:

- a reflection of the community's attitudes and values
- school absenteeism and dropout rates due to pregnancy and/or child care
- numbers of student parents
- numbers of students from single parent homes
- numbers of adolescent pregnancies
- cases of child abuse and neglect.

2. Resource Assessment

Concurrent with conducting the needs assessment, resources available within the school and community must be identified. School districts may choose to use the school and community resource assessment instruments developed during the pilot program as a guide in the gathering of data. (See page 13.)

A school resource assessment will:

- o determine what instruction presently exists and whether it is a required course, an elective course, a unit(s) within a course, or a special program
- o identify any informal instruction being conducted
- o identify the background of the staff involved with the existing program
- o outline school policy in relation to education of pregnant students and student parents, student confidentiality, school-parent communications, and curriculum approval
- o determine if existing programs are relevant or duplicative and if they are serving the at-risk students
- o determine whether there is a case management system to link the at-risk student and his/her parents with available community resources.

A community resource assessment will identify:

- o what educational, health, and social services relating to family life and sex education are available in the community
- o who is providing the services
- o who is eligible for the services
- o how students and parents access the services
- o if the school is presently using the services.

It is recommended that information obtained from the resource assessments be compiled into resource directories for use by students and staff.

3. Needs/Resource Analysis

The needs assessment will have identified problems of specific concern to the community. The resource assessment will have identified ways and means of current response within the school and community. Data obtained from both the needs and resource assessment instruments shall be reviewed and analyzed by the advisory council, school program coordinator, and the administration.

E. Statement of Philosophy

The next step in program development is the formulation of a statement of philosophy by the advisory council. This philosophy will serve as the internal guidance system for program development and should express the value structure of the community as it relates to this program.

F. Selection of Components

The analysis of needs and resource data, and the statement of philosophy will guide the advisory council in the selection of the program component(s). The selection should be based on priority need, capacity to respond, and logical sequence. The selection may be further guided by the advice and concerns of the administration and the steering committee.

Experience with the pilot program supports the philosophy that parents are the primary sex educators of their children and substantiates that parents need and want to be fully informed to be able to exercise this right. Further, it indicates that when parents are fully informed about FL/HS Education, they will support this type of education for their children in a school environment as well as in the community. Therefore, it is recommended that school districts begin with FL/HS Education for Parents.

G. Development of Goals and Objectives

The advisory council, with assistance from the school administration, must develop realistic long- and short-term goals and objectives for the program. These goals and objectives should describe what the school district expects to happen as a result of a comprehensive FL/HS Education program.

Long-term goals and objectives will relate to the global needs of the school and the community and can result in cost benefit to both.

Example: A long-term goal may be to increase the number of at-risk students completing their high school education and/or to increase the attendance rate of these students. This goal could serve a dual purpose:

- o to increase the amount of federal aid to schools
- o to decrease the amount of tax dollars used for those students receiving public assistance and/or aid to dependent children.

Short-term goals and objectives pertain to the mastery of information and the development of selected skills. They involve knowledge, beliefs, attitudes, skills, and resources that would facilitate desired outcomes.

Example: A short-term goal may be to increase the awareness of an advisory council concerning the content and process of a family life program and/or to increase knowledge and skills of parents to help them in their children's FL/HS Education.

Establishing realistic goals and objectives gives direction to a program.

H. Seeking Board of Education Approval

Seeking the support and approval of the board of education is critical at this point for program progress. The advisory council should submit a report that includes the analysis of the needs and resource assessments, the statement of philosophy, and proposed program goals and objectives. Upon approval, the board should issue a statement of policy in support of initiation of the program.

I. Work Plan

The next step in program development is to formulate a work plan for achieving the identified goals and objectives. The plan will describe the sequence for implementation as well as identify who is responsible for what and for whom; when and where it will be done; and what resources are needed. Checkpoints will be included for the purposes of assessing progress and keeping the community informed.

The following flow chart (Figure 1) depicts the sequence of activities involved in implementation of the program components.

Throughout the sequence of activities, it is critical that the following are accomplished:

- o responsibilities are assigned to specific individuals and/or groups
- o alternate plans are developed to assure that crises and/or problem situations are handled in a timely manner
- o all program activities are adequately publicized.

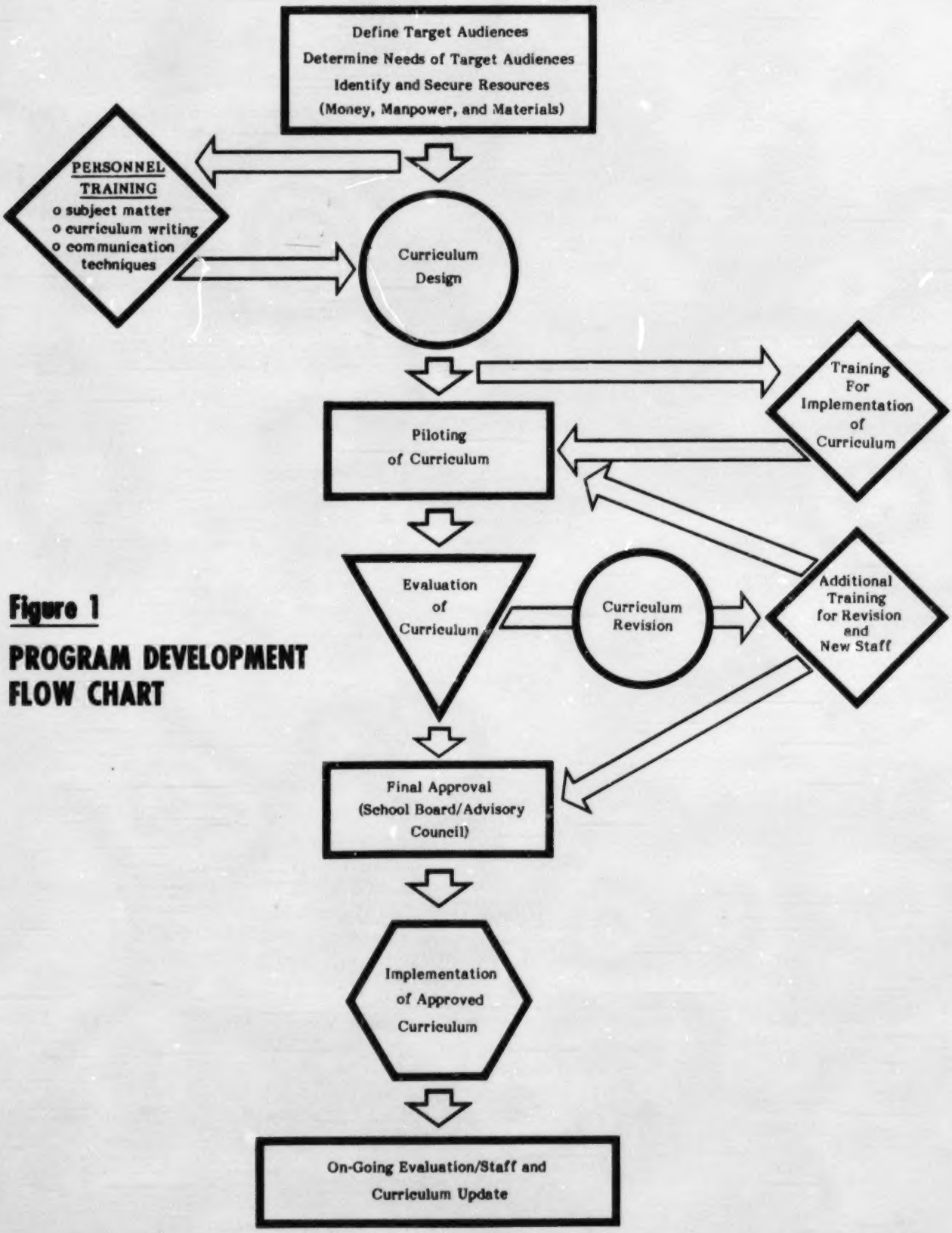

Figure 1

PROGRAM DEVELOPMENT FLOW CHART

III. Program Evaluation

Evaluation of programs in FL/HS Education is critical to the support and continuation of the program. Evaluation identifies:

- o achievement of goals and objectives
- o population needs
- o needs which help to determine the scope, sequence, and emphasis of a program
- o strengths and weaknesses to help improve the program
- o need to modify program.

"PRECEDE" (predisposing, reinforcing, and enabling causes in educational diagnosis and evaluation) is a model for health educators to follow to improve programs that influence health behavior. According to the "PRECEDE" model for health education planning, there are three levels at which a comprehensive program can be evaluated: process, impact, and outcome.[3]

A. Process Evaluation

Process evaluation is based on a standard of acceptability for organizational and teaching practices. This evaluation analyzes peer relationships, professional qualifications, and experience. It addresses such questions as:

- o Are units, lesson plans, workshops, and training programs designed to meet stated objectives?
- o Are current methods and materials being used?
- o Is there articulation, coordination, and correlation with other disciplines?

B. Impact Evaluation

Impact evaluation focuses on the immediate effect of program, training, or curriculum on the knowledge, attitudes, skills, and behaviors of the participants. Impact evaluation measures the achievement of short-term goals and intermediate objectives and analyzes the cost effectiveness of a program.

C. Outcome Evaluation

Outcome evaluation is a long-term undertaking that determines:

- o the incidence and prevalence of problems and conditions identified by the analysis of the needs and resource assessments that have been affected by the program
- o the extent to which better communication exists between parents and children within families, between parents and schools
- o whether long-term goals have been achieved

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[3] Green, Lawrence, et al. Health Education Planning: A Diagnostic Approach. Palo Alto: Mayfield Publishing Co., 1980.

- o if there are social and community benefits as well as long-term fiscal benefits to the school and the community
- o if parents and students are making responsible decisions in relation to family life.

The evaluation of this program shall be a cooperative effort among all those committed to the program.

IV. Support Services

Many resources are available to local school districts to help them develop, implement, and evaluate a comprehensive program.

A. State Education Department Resources

Resources available for review at or from the Bureau of School Health Education and Services are:

- o Needs Assessment Instrument
- o Resource Assessment Instrument
- o Statistical Reporting Instrument (helpful in identifying numbers of parents, students, teachers, agencies, and others involved in a program as well as their level of involvement)
- o description of the pilot project
- o program products developed by participating schools (e.g., curricula and media materials)
- o list of original schools in the pilot project
- o list of Regional Health and Nutrition Coordinators
- o Bureau materials related to FL/HS Education, such as issues of the "School Health Digest" and an article from the New York State School Boards Association Journal
- o list of other schools with family life programs which were not participants in the pilot project
- o resource list of materials used by pilot project schools
- o list of agencies and organizations specifically related to content for FL/HS Education
- o linkage to experts in the field utilized by the pilot schools.

Other bureaus within the State Education Department can offer technical assistance to schools in the development of a comprehensive family life program. They include:

- o Bureau of Home Economics
- o Bureau of Educational Communications
- o Bureau of Mass Communications
- o Bureau of Child Development and Parent Education
- o Bureau of Guidance
- o Bureau of School Psychological and Social Services
- o Bureau of Drug Education
- o Bureau of General Education Curriculum Development
- o Office of Federal Demonstration Programs
- o Educational Programs and Studies Information Services (EPSIS).

B. Field Resources

- o Regional Health and Nutrition Coordinators
- o resource directories from the Coordinators
- o former participants in the pilot project
- o content specialists.

C. Other Resources

- o New York State Department of Health
- o New York State Department of Social Services
- o New York State Division for Youth.

V. Conclusion

Following the process for program development described in this planning guide will not guarantee success. In spite of the best planning, things will go wrong to test one's patience and fortitude. Those involved in the program cannot and should not expect or be expected to have an answer for every circumstance. There may be other processes, different or additional steps to take, and a variety of ways to handle problem situations.

It is hoped that this guide will ease the task of planning, developing, and implementing a FL/HS Education program in a school district which desires to establish such a program.